



DEPARTMENT OF HEALTH

DAVID Y. IGE
GOVERNOR

BRUCE S. ANDERSON, Ph.D.
DIRECTOR

FOR IMMEDIATE RELEASE

June 22, 2020

20-053

Hawai'i Department of Health and the University of Hawaii report temporary quarantine and isolation center offers long-term benefits that meet the physical and behavioral health needs of Honolulu's homeless

HONOLULU — In its first two months of operation, the state's first temporary quarantine and isolation center at 524 Kaaahi Street in Iwilei has provided a place for more than 50 homeless individuals who have COVID-19 symptoms to safely isolate or be quarantined while they wait for their COVID-19 test results.

As a result, the center has been able to free up hospital space to improve care capacity, save on medical costs, and keep the community protected from potentially infected individuals.

The Hawai'i Department of Health has operated the center with a number of community partners, including the Institute for Human Services (IHS); the Hawai'i Homeless Healthcare Hui (H4); Local 5, the union that represents hospitality, healthcare, and food service workers; and others. Collectively, the groups provided the necessary human resources support, including healthcare professionals, case managers, and security available 24/7, for the center to open its doors in late March. The City and County of Honolulu secured the facility.

According to a recent report prepared by the Department of Health and the University of Hawai'i Office of Public Health Studies, data collected from clients at the center has also proven that such a facility has been effective in tackling a deeper, more pervasive challenge: the need for a behavioral health crisis stabilization center to take care of the health and social needs of homeless individuals, including those with substance use disorder.

"Without proper care, these individuals would likely be back on the street without treatment, would resort to going to a hospital emergency department for primary care, or rely on public safety, law enforcement, and the criminal justice systems, which do not have the capability to provide an appropriate level of care," said Edward Mersereau, the Department of Health's deputy director of behavioral health administration.

The challenge requires a collaborative approach. Public, private and non-profit organizations and agencies formed the Behavioral Health and Homelessness Statewide Unified Response Group (BHHSURG) to break down silos and to make sure the community's most vulnerable receive the care they need, especially during the current COVID-19 pandemic. The group includes the Hawai'i Department of Health's behavioral health administration, the Governor's

Office of Homelessness, the Department of Human Services homeless programs office, the county offices, the University of Hawai'i, and other partners.

"The population we serve is often marginalized but the services we provide are vitally important to the overall health and wellbeing of our entire community, and a necessary component to reopening our state safely," said Scott Morishige, the Governor's office of homelessness coordinator.

Victoria Fan, University of Hawai'i associate professor of health policy, who compiled the research for the report, added: "The data confirmed unsheltered individuals generally have other chronic, pre-existing health conditions such as undiagnosed or unmanaged diabetes and heart disease and have a disproportionately high rate of behavioral health conditions, including substance use disorders. This makes their care more complex, requiring an interdisciplinary approach."

"While the initial focus for the center was infection control with quarantine and isolation services, but it became clear these unsheltered individuals had other needs," said Fan, who is also a fellow at Harvard University's Francois Xavier Bagnoud Center for Health and Human Rights. "COVID-19 created a greater sense of urgency to meet the needs of those without shelter and the research showed the need to accelerate the efforts to bring the state's systems of care together to ensure no one falls through the cracks."

"There was a great need for a behavioral health crisis stabilization center even before the pandemic," said Marc Alexander, executive director, Office of Housing, for the City & County of Honolulu. "It's the classic Goldilocks problem: Some individuals have a severity level that is too low to be admitted to a hospital, but too high for licensed crisis residential services. A behavioral health crisis stabilization center provides just the right level of care. Without this middle-ground option, individuals resort to the emergency department, which is costly for government insurance programs such as Medicaid."

Mersereau said the center's coordinated approach, which provides a range of ancillary support services, is modeled after other states, including Alaska, Oregon and Washington. According to the report, as of May 18, 2020, the center has demonstrated positive results:

- 51 individuals have been admitted to the behavioral health crisis stabilization center received a thorough medical evaluation;
- About half (25 of the 51 admissions) were referred from a hospital emergency department;
- Of those who were admitted, at least 17 have a diagnosis of schizophrenia or another psychotic disorder;
- Of the 39 who presented with a mental illness, several expressed suicidal ideation or suicidal attempts;
- 13 clients received on-site medical detox from alcohol.
- 14 patients diagnosed with diabetes were provided medical services to assist with controlling their chronic condition.
One client was assisted with dialysis to manage their end-stage renal disease.
- One client needed and received emergency dental services.
- Only one of 51 clients returned to the hospital for an inpatient admission to receive a higher acuity level of care.
- The average length of stay at the behavioral health crisis stabilization center was four days, with stays ranging from less than one day to a maximum of 15 days.
- In total, 42 of the 51 clients had an improved physical or mental disposition upon discharge or a substantial engagement regarding follow-up services and received ongoing support for case management, food, insurance coverage, shelter and housing services, medical care or behavioral health services.

The behavioral health crisis stabilization center's well-rounded approach also created positive housing results for the clients after they were safely quarantined:

- Three clients were reconnected to family and were returned to family upon discharge;
- Four clients moved to bridge housing (housing with supports while awaiting permanent housing);
- Two moved directly into permanent supported housing;
- Two clients relocated to respite housing while recovering from their wounds, other injuries, or health conditions; and
- 18 clients were discharged to a shelter where shelter case management staff assess their housing needs.

To view the report, visit <https://health.hawaii.gov/bhhsurg/tqic/>

For an infographic of the report visit <https://health.hawaii.gov/bhhsurg/files/2020/06/TQIC-Infographic-200622.pdf>

#